


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000070364	
1. Entity Name CUSTOM PROPULSION SYSTEMS, INC.	

Principal Place of Business 2900 PHOENIX AVE JACKSONVILLE, FL 32206	Mailing Address 2900 PHOENIX AVE JACKSONVILLE, FL 32206
---	---

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3396085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSE, JOHN C JR 4030 MUSTANG ROAD MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

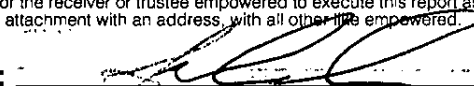
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000940798 05/28/08-80078-019 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, JOHN C JR 4030 MUSTANG RD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB ROSE, JOHN C 3978 UTOPIA CLARKLAKE, MI 49234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE, DOROTHY 3978 UTOPIA CLARKLAKE, MI 49234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, NANCY 4030 MUSTANG ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  **4-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____